

National Office of Vital Statistics  
**FILED MAY 4 1948**

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **1241**

1. PLACE OF DEATH:

(a) County **St. Francois**  
 (b) City or town **Bonne Terre**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Bonne Terre Hosp. 2 weeks**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**  
 (c) City or town **Farmington, Mo.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles Washington Swinford**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
 6. (b) Name of husband or wife **Minnie Jones Swinford** 6. (c) Age of husband or wife if alive **67** years  
 7. Birth date of deceased **May 12, 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>11</b>	<b>12</b>	hr. _____ min. _____

9. Birthplace **Fredericktown, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **barber**

12. Name **John Swinford**

13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louisa Smith**

15. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charles W. Swinford**

(b) Address **Farmington, Mo.**

17. (a) **b** (b) Date thereof **4-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Doe Run, Mo**

18. (a) Signature of funeral director **C. H. Cozean**

(b) Address **Farmington, Mo.**

19. (a) **4-27-48** (b) **Either Rudloff**  
(Date received local registrar) (Registrar's signature)

23. Signature **D. Heath** (M. D. \_\_\_\_\_)  
 Address **Farmington, Mo.** Date signed **4-26-48**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**  
 year **1948** hour **8** minute **18 p. M.**

21. I hereby certify that I attended the deceased from **April 3, 1948** to **April 24, 1948**  
 that I last saw him alive on **April 24, 1948**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Profound pneumonia**  
 Duration \_\_\_\_\_

Due to **Acute Coronary Thrombosis + myocardial Infarction - 3 wks.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **D. Heath** (M. D. \_\_\_\_\_)

Address **Farmington, Mo.** Date signed **4-26-48**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4

at File Number 548-57

5-3-48

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*C. Cozear*  
.....  
Licensed Embalmer No. 4084

P. O. Address Farmington, Mo. ....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.